

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10806116
APPLICANT(S)

	AD FILED		APPLICANT AMOUNT		APPLICANT AMOUNT		CLAIMS	
	CID	DEP	CID	DEP	CID	DEP	CID	DEP
1	/							
2	/							
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TOTAL IND.	1							
TOTAL DEP.	16	←	→	←	→	←	→	←
TOTAL CLAIMS	17							

	CID	DEP	CID	DEP	CID	DEP	CID	DEP
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TOTAL IND.								
TOTAL DEP.		←	→	←	→	←	→	←
TOTAL CLAIMS								